

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>0926720</i>	FILING DATE <i>10/11/01</i>					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	<i>3</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	<i>6</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	<i>9</i>		<i>9</i>				<b>TOTAL CLAIMS</b>						

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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